

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		49	12/11/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		6-1894	2-14

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	8/13/97
2	○
3	○
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	○
11	✓
12	✓
13	○
14	✓
15	✓
16	✓
17	✓
18	✓
19	✓
20	✓
21	✓
22	✓
23	✓
24	✓
25	○
26	○
27	○
28	—
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36	—
37	
38	○
39	✓
40	✓
41	✓
42	✓
43	○
44	✓
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Claim	Date
Final	
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Claim	Date
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If more than 150 claims or 10 actions  
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